|  |
| --- |
|   |



 Application Form

Innovation Fund

**Innovation Fund Application Form**

**PLEASE READ THE FACT SHEET AND REFER TO THE GUIDANCE NOTES**

**WHEN FILLING IN THIS FORM**

This will allow us to process your application as quickly as possible.

|  |  |
| --- | --- |
| Date: |  |

Section 1: Project Details

**Q1.1 Project name**

Organisation Name – if possible

|  |
| --- |
|  |

Full name of person making the application

|  |
| --- |
|  |

**Q1.2 Organisation/Personal Contact Details**

|  |  |
| --- | --- |
| Address (inc. postcode) |  |
| Telephone number  |  |
| Email Address |  |
| Website (if applicable**)** |  |

**Q1.3 Organisation type**

 [ ] Public Sector [ ] Voluntary/Social Enterprise/Community Sector

 [ ] Local Resident/Individual / Service User [ ] Local Group (non-registered)

Other (please describe)

|  |
| --- |
|  |

**Local Connection – add check boxes**

Which Borough(s) does your project benefit?

 [ ]  Hammersmith and Fulham [ ] Kensington and Chelsea [ ]  Westminster [ ] All

**Q1.5 Your Organisation/Project Bank Account**

Please confirm that you have in place a UK-based bank or building society account in the name of your organisation/project

 [ ] Yes [ ] No

**Q1.6 a) Which of our funds are you applying for**

 [ ]  Innovation fund – Face to face projects (Max £2500) [ ] Online Activity fund online activities (Max £1000)

**Q1.6 b) How much money are you applying for?**

|  |  |
| --- | --- |
| £ |  |

**Q1.7 Are you currently receiving support from a local service?**

(e.g. keyworker, education training and employment, shared care etc.)

Yes: [ ]  No: [ ]

**Details of support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of service | Borough | Type of support | Name of Contact | Contact Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please continue on an extra sheet of paper if needed (reference the paper with Q1.5)

Please confirm that you give us permission to contact any services from which you are receiving support

Yes: [ ]  No: [ ]

Section 2: About your Project

**Q2.1 What does your project involve and who is involved in its development? (Max 600 Words)**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| What steps will you take to achieve this? *(include your time frame)* | What resources or support will you need?*(People/places/things)* | How will you evidence that you have achieved it? | Target completion date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Q2.2 When are you planning to start and finish your project?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Day** |  **Month** | **Year** |
| Start |  |  |  |
| Finish |  |  |  |

**Q2.3 Is your project, or part of it, based on an existing piece of work?**

[ ] Yes [ ] No

If yes please tell us how you are evaluating your existing work and how learning from this work has shaped the project you’d like for us to fund.(Max 300 words)

|  |
| --- |
|  |

**Q2.4 How will your project contribute to your local community? (Max 200 Words)**

|  |
| --- |
|  |

**Q2.5 What have you done to verify: i) that people want to participate in your project; and ii) whether something similar already exists locally? (Max 600 Words)**

|  |
| --- |
|  |

**Q2.6 Who will benefit from your project and how will they be involved in developing and running it? (Max 500 words)**

|  |
| --- |
|  |

**Q2.7 What training needs have you identified in order to support the development?**

|  |  |  |  |
| --- | --- | --- | --- |
| **What Training**  | **Dates (if known)** | **Cost**  | **Who needs the training** **(inc. number of people)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Q2.8 Where will the project take place?** Please tick if your project will be delivered online ( )

|  |  |  |  |
| --- | --- | --- | --- |
| **Borough** | **Building name/Number and Street**  | **Postcode** | **Is this your main location?** |
|  |   |  |  |
|  |  |  |  |

**Q2.9 What key outcomes will your project achieve?**

|  |  |  |
| --- | --- | --- |
|  | **What is the outcome?** | **How will you achieve it?** |
| Outcome 1 |  |  |
| Outcome 2 |  |  |
| Outcome 3 |  |  |
| Outcome 4 |  |  |

**Section 3: Project Budget**

**Q3.1 How much will your project cost and how much would you like from us?**

|  |  |  |
| --- | --- | --- |
| **Item or Activity**  | **A. Total Cost**  | **B. Amount requested from us** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | **£** | **£** |

|  |  |
| --- | --- |
|  | **Total Cost**  |
| **Capital Equipment** |  |
| **Recurring** |  |
| **Total** |  |

**3.2 Are the total costs more than the amount that you would like from us?**

**[ ] Yes** **[ ] No**

**If yes, where will you get the other funding from and have you secured it yet?**

|  |
| --- |
|  |

**Q3.3 How have you worked out your costs? (Max 200 Words)**

|  |
| --- |
|  |

**Q3.4 How will you meet the running costs of your project after the period to be funded by the grant has expired?**

|  |
| --- |
|  |